

# EXHIBIT D

AIG - SENIOR MARKET COMPREHENSIVE INSPECTION  
 Ordered: 05/13/2008

ExamOne Order #16347137  
 Completed: 05/14/2008

Company ID: 329, American General Life - Houston - LR  
 Policy No: U10061721L Insurance: \$8,500,000 Life  
 Requester Name: MARETH CABRIAS Agent Name: ISRAEL BILLER  
 Routing Num:

Name: FINK, CHAIM  
 Address: 626 WYTHE PL, APT. APT #4-C  
 BROOKLYN, NY 11211-  
 Phone h: 718-387-2381 b:  
 SSN: 083-26-2271  
 DOB: 09/01/1930  
 Marital: WIDOWED  
 License Num: (NY)  
 Employer Name:  
 Address:  
 Occupation: RETIRED  
 Beneficiary: THE FINK FAMILY TRUST(Trust)

#### REPORT SUMMARY

Description	Outcome	Emp/Rev
Credit Report Raw	Previously Handled	/164
AIG - 71+ Inspection	Complete with contact	11246/164
AIG - EMST Online Exercise	Complete with contact	11246/164
Income & Net Worth Quest	Complete with contact	11246/164
Accountant Quest	Complete with contact	1091/164
Banker Quest	Complete with contact	11246/164
Credit Report Summary	Previously Handled	/164

#### REPORT COMMENTS

LicState: has changed from to NY  
 MaritalStatus: has changed from to Widowed

#### \*AIG - 71+ INSPECTION\*

Outcome: Complete with contact  
 Source: Applicant

- What is your marital status?  
WIDOWED
- How long have you been widowed?  
3 YEARS
- What is your current address?  
626 WYTHE PL APT 4-C BROOKLYN, NY 11211
- Is this a: house, apartment, condominium,  
retirement village, convalescent home, managed  
care facility, or other?  
CONDOMINIUM
- DO NOT ASK: Did the applicant say House,  
Apartment, Condominium, or Retirement Village?  
Yes ☒ No ☐
- Do you live alone?  
Yes ☒ No ☐

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7. How long have you lived alone?  
3 YEARS
8. Do you receive any home care services? Yes \_\_\_ No X
9. Are you considering moving or do you have plans to move to a new living arrangement in the near future? Yes \_\_\_ No X
10. In case of an emergency or illness, who would be contacted to assist you?  
ONE OF APP'S CHILDREN
11. Name:  
SOLOMON FINK, MIRIAM MOSKOWITZ, HINDA LANDAU
12. Relationship:  
SON, DAUGHTER, DAUGHTER
13. Have you recently lost a loved one? Yes \_\_\_ No X
14. Do you care for a pet? Yes \_\_\_ No X
15. Do you participate in any mental activities such as crossword puzzles, card games, chess, sudokus, computer games, etc? Yes \_\_\_ No X
16. Do you participate in any sports or physical fitness activities? Yes X No \_\_\_
17. What type of activity(ies)?  
WALKING
18. How often do you participate?  
TWICE DAILY
19. In the last 12 months, have you traveled within the United States? Yes X No \_\_\_
20. How frequently?  
ONCE EVERY 2 MONTHS
21. Do you have any hobbies? Yes X No \_\_\_
22. What type of hobby(ies)?  
BIBLICAL STUDIES
23. How often do you participate?  
DAILY
24. Do you participate in social activities such as playing cards, games or going to the movie with a friend or family member? Yes \_\_\_ No X
25. Are you actively involved with any community, religious or other similar activities? Yes X No \_\_\_

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26. What activity(ies)?  
HELPS RAISE MONEY FOR COMMUNITY AND ACTIVELY INVOLVED IN SCHOOL
27. How often?  
VARIES DEPENDING ON CIRCUMSTANCE AND DAILY
28. Are you currently employed? Yes \_\_\_ No X
29. Have you recently discontinued any activities? Yes \_\_\_ No X
30. What is your source of income?  
REAL ESTATE
31. What is your net worth?  
\$22,000,000 PLUS
32. Do you have any other insurance in force or have you applied for any other insurance in the last 12 months? Yes \_\_\_ No X
33. Do you expect to keep this new life insurance policy for at least five years? Yes X No \_\_\_
34. Are you, or the person paying the premiums, borrowing all or part of the premium to pay for this policy? Yes \_\_\_ No X
35. Do you expect the death benefits from this policy to go to your heirs or designated beneficiaries? Yes X No \_\_\_
36. Have you received cash payment, borrowed funds in excess of the scheduled premium payments or received some other benefit to acquire this policy? Yes \_\_\_ No X
37. Is there any agreement to transfer ownership of this policy or is there an option or right of first refusal to transfer the policy to another person or entity? Yes \_\_\_ No X
38. Do you drive a car or other motor vehicle? Yes \_\_\_ No X
39. When did you stop driving?  
APP HAS NEVER DRIVEN
40. Why did you stop driving?  
N/A
41. Do you receive assistance with managing your routine financial matters such as paying bills and balancing your checkbook? Yes \_\_\_ No X
42. Do you require the assistance of another person or routinely have someone else present when cooking? Yes \_\_\_ No X
43. How many meals do you typically eat a day?  
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44. Do you require the assistance of another person or routinely have someone else present when taking your medicine? Yes \_\_\_ No X
45. Do you require the assistance of another person to clean your home? Yes \_\_\_ No X
46. Do you require the assistance of another person or routinely have someone else present when grocery shopping? Yes \_\_\_ No X
47. Do you require the assistance of another person to get around outside your home? Yes \_\_\_ No X
48. Do you require the assistance of another person to get around inside your home? Yes \_\_\_ No X
49. Do you require the assistance of another person or routinely have someone else present when you bathe? Yes \_\_\_ No X
50. Do you require the assistance of another person or routinely have someone else present when you get in or out of bed or a chair? Yes \_\_\_ No X
51. Do you require the assistance of another person or routinely have someone else present when you get dressed? Yes \_\_\_ No X
52. Do you require the assistance of another person or routinely have someone else present when you use the toilet? Yes \_\_\_ No X
53. Do you require the assistance of another person when eating? Yes \_\_\_ No X
54. Have you used cigars, cigarettes, pipe, chew, or snuff in the last 12 months? Yes \_\_\_ No X
55. Have you ever used tobacco in any form? Yes \_\_\_ No X
56. Has your weight changed 10 pounds or more in the last year? Yes \_\_\_ No X
57. When was the last time you saw a doctor?  
2007
58. What was the doctor's name?  
DR. KABAKOV; PHONE UNKNOWN; EAST 1ST ST.;  
MANHATTAN, NY
59. What was your last appointment for?  
GENERAL CHECK UP; SELF SATISFACTION
60. Do you take medications? Yes \_\_\_ No X
61. Do you drink alcohol (e.g., beer, wine, hard liquor/mixed drinks)? Yes \_\_\_ No X

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62. In the last 12 months, have you had to use a cane, walker or wheel chair? Yes ☐ No ☒
63. Have you fallen down in the last 12 months? Yes ☐ No ☒
64. In the last 12 months have you lost your balance? Yes ☐ No ☒
65. In the last 12 months, have you had any accidents of any kind? Yes ☐ No ☒
66. In the last 24 months, did you experience chronic fatigue or pain? Yes ☐ No ☒
67. In the last 24 months, did you ever feel depressed, sad or hopeless? Yes ☐ No ☒
68. In the last 24 months, did you ever have trouble sleeping at night? Yes ☐ No ☒
69. In the past 24 months, did you ever experience forgetfulness, memory loss or confusion? Yes ☐ No ☒
70. In the past 12 months, have you experienced slurred speech and/or fuzzy vision? Yes ☐ No ☒
71. Do you regularly use glasses and/or contact lenses? Yes ☒ No ☐
72. Do you have difficulty seeing while using your glasses or contact lenses? Yes ☐ No ☒
73. Do you ever hide medical or other problems that may be bothering you? Yes ☐ No ☒
74. Special Attention  
APP HAS NEVER HAD A DRIVER'S LICENSE
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## \*AIG - EMST ONLINE EXERCISE\*

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Outcome: Complete with contact  
Source: Applicant

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1. INTERVIEWER: Has the online EMST portion of the interview been completed? Yes ☒ No ☐
2. INTERVIEWER: Was this interview conducted in Spanish? Yes ☐ No ☒
3. Special Attention
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## \*INCOME &amp; NET WORTH QUEST\*

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Outcome: Complete with contact  
Source: Applicant

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Earned:	Salary	0	
	Bonus	0	
	Commission	0	
	Other Earned	0	
	Total Earned Income		\$0
Unearned:	Dividends	75,000	
	Interest	Included	
	Net Rentals	1,700,000	
	Other Unearned	0	
	Total Unearned Income		\$1,775,000
	Total Income		\$1,775,000
Assets:	Real Estate	22,000,000	
	Car(s)	0	
	Stocks / Bonds	800,000	
	Business Equity	0	
	Personals	800,000	
	Pensions	0	
	Cash in Bank	350,000	
	Other Assets	0	
	Total Assets		\$23,950,000
Liabilities:	Mortgages	2,000,000+	
	Car Loans	0	
	Secured Loans	0	
	Personal Notes	0	
	Accounts Payable	0	
	Other Liabilities	0	
	Total Liabilities		\$2,000,000
	Net Worth		\$21,950,000

## \*ACCOUNTANT QUEST\*

Outcome:	Complete with contact
Source:	Accountant
Time Known:	
Name:	Ganfreid Aron
Phone:	718-871-4859
Title:	Accountant
Company:	ANG TAX EXPERTS
Address:	3904 15TH AVENUE
	BROOKLYN, NY 11218-

1. How long have you been providing accounting services to the applicant?  
5 YEARS
2. Do you provide personal and/or business accounting services?  
PERSONAL AND BUSINESS
3. Do you provide tax returns and/or financial statements for personal and/or business?  
TAX RETURNS FOR BUSINESS AND PERSONAL
4. Would you verify the income of the applicant?

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\$1,725,000 GROSS 2007

5. Would you verify the net worth of the applicant?  
\$23,875,000

6. Do you know of any suits, judgments, liens or  
bankruptcies against the applicant?  
NO

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\*BANKER QUEST\*

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Outcome: Complete with contact  
Source: Banker  
Time Known:  
Name:  
Phone:  
Title:  
Company: Apple Bank

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1. How long has the applicant been affiliated with your  
bank?  
APP STATED THAT HE DOES NOT HAVE A BANKER

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\*Credit Report Summary\*

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Outcome: Previously Handled

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AS OF 04/17/2008 PER REPORTING AGENCIES OF TRANS UNION AND EQUIFAX NO CREDIT  
HISTORY AVAILABLE

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